

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham		
	First Name	Middle Name	Last Name
Debtor 2	Wendy L. Burnham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF MASSACHUSETTS - EASTERN DIVISION	
Case number (if known)	19-12715		

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 525,680.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 108,365.22
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 634,045.22

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 393,790.08
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 185,406.79
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 1,062,717.23
		Your total liabilities
		\$ 1,641,914.10

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 5,942.11
5.	Schedule J: Your Expenses (Official Form 106J)	
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 6,288.98

Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?**

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 1,470.83

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>185,406.79</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>185,406.79</u>

Fill in this information to identify your case and this filing:

Debtor 1	Scott H. Burnham	
	First Name	Middle Name
Debtor 2	Wendy L. Burnham	
(Spouse, if filing)	First Name	Middle Name
United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS - EASTERN DIVISION		
Case number	19-12715	

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

1.1

88 Forest Street

Street address, if available, or other description

Marshfield **MA** **02050-0000**

City State ZIP Code

Plymouth

County

What is the property? Check all that apply

Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? **\$525,680.00** **Current value of the portion you own?** **\$525,680.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Tenants by the Entirety 99% interest

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$525,680.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**Case number (if known) **19-12715****3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles** No Yes

3.1	Make: Chevrolet Model: Tahoe Year: 2015 Approximate mileage: 39890 Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
			Current value of the entire property?	Current value of the portion you own?
			\$42,704.00	\$42,704.00
3.2	Make: Volkes Wagon Model: jetta diesel Year: 2014 Approximate mileage: 32000 Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Who has an interest in the property? Check one <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
			Current value of the entire property?	Current value of the portion you own?
			\$12,000.00	\$12,000.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

 No Yes

4.1	Make: Artic Cat 400 Model: 2015 Year: 2015 Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Who has an interest in the property? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
			Current value of the entire property?	Current value of the portion you own?
			\$3,750.00	\$3,750.00
4.2	Make: Polaris Outlaw 110 Model: Year: Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Who has an interest in the property? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
			Current value of the entire property?	Current value of the portion you own?
			\$2,345.00	\$2,345.00
4.3	Make: Boat trailer Model: Year: Other information: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Who has an interest in the property? Check one <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
			Current value of the entire property?	Current value of the portion you own?
			\$50.00	\$50.00

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4.4 Make: Quad Trailer	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: _____	<input checked="" type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: _____	<input type="checkbox"/> Debtor 2 only	\$1,000.00	\$1,000.00
Other information: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)		
4.5 Make: Utility Trailer	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: _____	<input checked="" type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: _____	<input type="checkbox"/> Debtor 2 only	\$200.00	\$200.00
Other information: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)		
4.6 Make: Snowmobile trailer	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> .	
Model: _____	<input checked="" type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: _____	<input type="checkbox"/> Debtor 2 only	\$50.00	\$50.00
Other information: _____	<input type="checkbox"/> Debtor 1 and Debtor 2 only		
	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)		

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$62,099.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Household Furnishings	\$2,650.00
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7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

Electronics, 7 tv's \$1,200.00, computer 700.00 cell phone,	\$1,900.00
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8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

500 matchbox cars	\$250.00
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9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

Clothing

\$400.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

wedding ring

\$500.00

watch

\$50.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

2 dogs

\$50.00

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

Tools

\$300.00

Lawn Mower

\$50.00

Snow blower

\$100.00

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$6,250.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash	\$70.00
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17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Checking 9698	Coastal Heritage Bank	\$523.78
17.2. Checking 9705	Coastal Heritage Bank	\$118.55
17.3. Checking 8463	Citizens Bank	\$902.50
17.4. Savings 7189	Citizens	\$23.49
17.5.	Rockland Federal Credit Union 8636	\$524.49

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No

Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture		
<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Give specific information about them.....	Name of entity:	% of ownership:

Central Rug Sales, Inc.	50	%	\$0.00
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Roger W. Kent Carpetland Inc.			
Filed Chapter 7, Case No. 19-10157			
49%	49%	%	\$0.00

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account:

Institution name:

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Case number (if known) **19-12715**

401K	\$5,000.00
IRA	\$27,000.00

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No

Yes..... Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**Merrill Edge Wendy Burnham c/f for Joshua Burnham
ABLE Program college savings investment \$8,625.41
Not an asset pursuant to 11 USC sec. 541(10) 6425.00**

\$2,200.41

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No

Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

Money or property owed to you?

Current value of the

portion you own?

Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

Debtor 1
Debtor 2

Scott H. Burnham
Wendy L. Burnham

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Social Security monthly
2,553.00/month

\$2,553.00

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:

Midland whole life

Wendy Burnham

\$1,100.00

SBLI Insurance Term

Scott Burnham

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

Beneficiary of Peter H. Burnham 2019 Trust

Spendthrift Trust

Not an Asset of the Estate, For reporting purposes only.

\$0.00

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$40,016.22

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

Debtor 1
Debtor 2

Scott H. Burnham
Wendy L. Burnham

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53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	<u>\$525,680.00</u>
56. Part 2: Total vehicles, line 5	<u>\$62,099.00</u>
57. Part 3: Total personal and household items, line 15	<u>\$6,250.00</u>
58. Part 4: Total financial assets, line 36	<u>\$40,016.22</u>
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>
61. Part 7: Total other property not listed, line 54	<u>\$0.00</u>
62. Total personal property. Add lines 56 through 61...	<u>\$108,365.22</u>
	Copy personal property total <u>\$108,365.22</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62	<u>\$634,045.22</u>

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham		
	First Name	Middle Name	Last Name
Debtor 2	Wendy L. Burnham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF MASSACHUSETTS - EASTERN DIVISION	
Case number (if known)	19-12715		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
88 Forest Street Marshfield, MA 02050 Plymouth County Line from <i>Schedule A/B</i> : 1.1	\$525,680.00	<input checked="" type="checkbox"/> \$500,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c.188, §§ 1, 3
2015 Chevrolet Tahoe 39890 miles Line from <i>Schedule A/B</i> : 3.1	\$42,704.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(16)
Polaris Outlaw 110 ATV Line from <i>Schedule A/B</i> : 4.2	\$2,345.00	<input checked="" type="checkbox"/> \$2,345.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(17)
Quad Trailer Line from <i>Schedule A/B</i> : 4.4	\$1,000.00	<input checked="" type="checkbox"/> \$1,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(17)
Utility Trailer Line from <i>Schedule A/B</i> : 4.5	\$200.00	<input checked="" type="checkbox"/> \$200.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(17)

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Household Furnishings Line from Schedule A/B: 6.1	\$2,650.00	<input checked="" type="checkbox"/> \$2,650.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c.235, § 34(2)
Electronics, 7 tv's \$1,200.00, computer 700.00 cell phone, Line from Schedule A/B: 7.1	\$1,900.00	<input checked="" type="checkbox"/> \$1,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c.235, § 34(2)
Clothing Line from Schedule A/B: 11.1	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c.235, § 34(1)
wedding ring Line from Schedule A/B: 12.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(18)
watch Line from Schedule A/B: 12.2	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(18)
Tools Line from Schedule A/B: 14.1	\$300.00	<input checked="" type="checkbox"/> \$300.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(17)
Lawn Mower Line from Schedule A/B: 14.2	\$50.00	<input checked="" type="checkbox"/> \$50.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(17)
Snow blower Line from Schedule A/B: 14.3	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(17)
Cash Line from Schedule A/B: 16.1	\$70.00	<input checked="" type="checkbox"/> \$70.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(15)
Checking 9698: Coastal Heritage Bank Line from Schedule A/B: 17.1	\$523.78	<input checked="" type="checkbox"/> \$523.78 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(15)
Checking 9705: Coastal Heritage Bank Line from Schedule A/B: 17.2	\$118.55	<input checked="" type="checkbox"/> \$118.55 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(15)

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Checking 8463: Citizens Bank Line from Schedule A/B: 17.3	\$902.50	<input checked="" type="checkbox"/> \$902.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(15)
Savings 7189: Citizens Line from Schedule A/B: 17.4	\$23.49	<input checked="" type="checkbox"/> \$23.49 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(15)
Rockland Federal Credit Union 8636 Line from Schedule A/B: 17.5	\$524.49	<input checked="" type="checkbox"/> \$524.49 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(15)
401K: Line from Schedule A/B: 21.1	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235 § 34A
IRA: Coastal Heritage Line from Schedule A/B: 21.2	\$27,000.00	<input checked="" type="checkbox"/> \$27,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34A; Mass. Gen. Laws c. 246, § 28
Merrill Edge Wendy Burnham c/f for Joshua Burnham ABLE Program college savings investment \$8,625.41 Not an asset pursuant to 11 USC sec. 541(10) 6425.00 Line from Schedule A/B: 24.1	\$2,200.41	<input checked="" type="checkbox"/> \$2,200.41 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Mass. Gen. Laws c. 235, § 34(17)
Social Security monthly 2,553.00/month Line from Schedule A/B: 30.1	\$2,553.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	42 U.S.C. § 407

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

 No Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham		
	First Name	Middle Name	Last Name
Debtor 2	Wendy L. Burnham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF MASSACHUSETTS - EASTERN DIVISION	
Case number (if known)	19-12715		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
\$298,973.97	\$525,605.80	\$0.00

2.1 **Bank of America**

Creditor's Name

Describe the property that secures the claim:

**88 Forest Street,
Marshfield, MA**

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred _____

Last 4 digits of account number **6607**

Debtor 1	Scott H. Burnham			Case number (if known)	19-12715	
	First Name	Middle Name	Last Name			
Debtor 2	Wendy L. Burnham					
	First Name	Middle Name	Last Name			
2.2	Citizens Bank			Describe the property that secures the claim:	\$30,110.92	\$0.00
				88 Forest Street, Marshfield, MA		\$30,110.92
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Nature of lien. Check all that apply.						
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)						
Who owes the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt						
Date debt was incurred _____						
Last 4 digits of account number 6509						
2.3	Freedom Financial			Describe the property that secures the claim:	\$4,088.00	\$3,750.00
				Artic Cat		\$2,288.00
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Nature of lien. Check all that apply.						
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)						
Who owes the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt						
Date debt was incurred _____						
Last 4 digits of account number 2032						
2.4	VW Credit Inc.			Describe the property that secures the claim:	\$16,006.50	\$16,000.00
						\$6.50
As of the date you file, the claim is: Check all that apply.						
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed						
Nature of lien. Check all that apply.						
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)						
Who owes the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt						
Date debt was incurred July, 2019						
Last 4 digits of account number _____						

Debtor 1	Scott H. Burnham			Case number (if known)	19-12715	
	First Name	Middle Name	Last Name			
Debtor 2	Wendy L. Burnham					
	First Name	Middle Name	Last Name			
2.5	Wells Fargo Auto			Describe the property that secures the claim:	\$44,610.69	\$42,704.00
				2015 Chevrolet Tahoe		\$1,906.69
<p>PO Box 29710 Phoenix, AZ 85038</p> <p>Number, Street, City, State & Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Nature of lien. Check all that apply.</p> <p><input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)</p> <p><input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)</p> <p><input type="checkbox"/> Judgment lien from a lawsuit</p> <p><input type="checkbox"/> Other (including a right to offset) _____</p>						
Date debt was incurred			Last 4 digits of account number 4517			

Add the dollar value of your entries in Column A on this page. Write that number here:
 If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here:

\$393,790.08
\$393,790.08

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham		
	First Name	Middle Name	Last Name
Debtor 2	Wendy L. Burnham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		DISTRICT OF MASSACHUSETTS - EASTERN DIVISION	
Case number (if known)	19-12715		

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	Anderson, Nancy Priority Creditor's Name 270 Summer Street Norwell, MA 02061 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00
		When was the debt incurred?		
		As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Business Related Consumer Deposit \$220.00			

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

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2.2	Barr, Amy Priority Creditor's Name 565 Temple Street Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer deposit Carpet Business Related 4689.11</p>					
2.3	Basler, Brian Priority Creditor's Name 117 Sea View Avenue South Yarmouth, MA 02664 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Account \$606.06</p>					
2.4	Bell, Vickie Priority Creditor's Name 161 Sawyers Lane Marshfield, MA 02050 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposits Carpet Business Related \$2200</p>					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.5	Blake, Steven Priority Creditor's Name 37 Hudson Street Brockton, MA 02302 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions 40 hrs. reg., 4.5 hours OT, \$864.88 50 vac. days \$7,400.00 Business Related 8254.88</p>					
2.6	Bohan, Linda Priority Creditor's Name 81 Atlantic Avenue Hull, MA 02045 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$800</p>					
2.7	Bottomley, Dottie Priority Creditor's Name 261 N. Main Street West Yarmouth, MA 02673 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt <input type="checkbox"/>					
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$1176.90</p>					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.8	Cardinale, Cynthia Priority Creditor's Name 441 Buck Island Road #C1 West Yarmouth, MA 02673 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Business Related Consumer Deposit \$2,300.00					
2.9	Cryan, Deanna Priority Creditor's Name 23 Kalmia Way Centerville, MA 02632 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$2008.00					
2.1	D'Andrea, Steven Priority Creditor's Name 12 Fox Run Apt. 2 Marshfield, MA 02050 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Installs \$1,214.14 Retainer \$1000.00 Business RElated					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.1 1	Daignault, Steve Priority Creditor's Name 48 Turner road Rockland, MA 02370 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$2,398.71					
2.1 2	Dandrow, Patricia Priority Creditor's Name 11 Cedar Acres Drive Cohasset, MA 02025 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$2000.00					
2.1 3	Delacy, Courtney Priority Creditor's Name 110 Vernon Road Scituate, MA 02066 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business RElated 900					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.1 4	Dwyer, Robert Priority Creditor's Name 23 Boker Street Assonet, MA 02702 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Installs \$1,020.20 Retainer 1,000.00 Business Related					
2.1 5	Edelhauser, Norma Priority Creditor's Name 311 Santa Ana Avenue Manchester, IL 62663 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$2,580.94					
2.1 6	Farrow Priority Creditor's Name 34 Hillside Drive Hanover, MA 02339 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$1,145.25					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.1 7	Federl, Joe Priority Creditor's Name 90 Juniper Lane Pembroke, MA 02359 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit LVT Business Related \$2878.74					
2.1 8	Foley, Mike Priority Creditor's Name 39 Water Street Hingham, MA 02043 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit LVT Business Related \$535.50					
2.1 9	Fordyce, Kirk Priority Creditor's Name 61 Broad Oak Way Hanover, MA 02339 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$700.00					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.2 0	Gardner, Patty Priority Creditor's Name 46 White Head Avenue Hull, MA 02045 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$750.00					
2.2 1	Gaughran, Joann Priority Creditor's Name 41 Abbott Street South Weymouth, MA 02190 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$320.95					
2.2 2	Glennon, Brian Priority Creditor's Name 6 Colonial Drive Duxbury, MA 02331 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$800					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.2 3	Green, Barbara Priority Creditor's Name 100 Pond Street Cohasset, MA 02025 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$300					
2.2 4	Harding, Michael Priority Creditor's Name 350 Kidds Hill Road Hyannis, MA 02601 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$1,976.76					
2.2 5	Harrington, Laura Priority Creditor's Name 389 Silver Street Hanover, MA 02339 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$2067.08					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.2 6	Harrington, Lisa Priority Creditor's Name 67 Cross Street Hingham, MA 02043 Number Street City State Zip Code	Last 4 digits of account number \$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$1918.89				
2.2 7	Healy, Bonnie Priority Creditor's Name 25 Lantern Lane Milton, MA 02186 Number Street City State Zip Code	Last 4 digits of account number \$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$2800				
2.2 8	Hewitt, Diane Priority Creditor's Name 39 Fairway Road South Yarmouth, MA 02664 Number Street City State Zip Code	Last 4 digits of account number \$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Replacement				

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.2 9	Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Philadelphia, PA 19101 Number Street City State Zip Code	Last 4 digits of account number	\$52,634.74	\$42,010.18	\$10,624.56
Who incurred the debt? Check one.					
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Payroll taxes					
2.3 0	Jackisch, Kirk Priority Creditor's Name 53 Pleasant Street Cohasset, MA 02025 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Deposit \$500					
2.3 1	Joyce, Barbara & Bob Priority Creditor's Name 41 Moody Drive Sandwich, MA 02563 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred?					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$2000					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.3 2	Keenan, Laurie Priority Creditor's Name 152 Manns Drive Hanover, MA 02339 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$14,350.00					
2.3 3	Kelley, Patricia Priority Creditor's Name 184 Black Cat Road Plymouth, MA 02360 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$980.93					
2.3 4	Kelly, Bruce & Joann Priority Creditor's Name 339 Spring Street Marshfield, MA 02050 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$362.64					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.3	Kmito, Gina	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
5	Priority Creditor's Name 66 Jays Lane Hanover, MA 02339	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$225.00</p>					
2.3	Lachance, Nichole	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
6	Priority Creditor's Name 267 Woodland Drive Hanover, MA 02339	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$300</p>					
2.3	Lagsdin, Deloris	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
7	Priority Creditor's Name 726 NorthStreet Randolph, MA 02368	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>					
<p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$900</p>					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.3 8	Lagsdin, Deloris Priority Creditor's Name 726 North Street Randolph, MA 02368 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Linoleum Business Related \$350					
2.3 9	Leary, Kevin Priority Creditor's Name 128 Standish Avenue Plymouth, MA 02360 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions comm. Nov. 574.34					
2.4 0	Lee, Stewart Priority Creditor's Name 18 Hawthorne Road Kingston, MA 02365 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit LVT Business Related \$1900					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.4 1	Leishman, Robert Priority Creditor's Name 166 Marks Street Rockland, MA 02370 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit REM Business Related \$1453.66					
2.4 2	Lennon, Richard Priority Creditor's Name d/b/a Lennon Installation 10 Juniper Road Hingham, MA 02043 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input type="checkbox"/> Other. Specify Wages, salaries, and commissions Installs \$268.39 Retainer 1,000.00 Business Related					
2.4 3	Lennon, William Priority Creditor's Name 211 Church Street Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input type="checkbox"/> Other. Specify Wages, salaries, and commissions Installs \$770.39 Retainer 1,000.00 Business Related					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.4	Library, James Priority Creditor's Name 24 West Street Norwell, MA 02614 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit LVT Business Related \$250					
2.4	Lindstrom, Alice Priority Creditor's Name 147 Enterprise Street Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$3000					
2.4	Locke, Penny Priority Creditor's Name 4 Harvest Lane Hingham, MA 02043 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$3076.00					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.4 7	Maggio, Karen Priority Creditor's Name 97 Island Creek Road Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input checked="" type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input checked="" type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations			
		<input type="checkbox"/> Taxes and certain other debts you owe the government			
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input checked="" type="checkbox"/> Other. Specify Deposits by individuals			
		Consumer Deposit			
		Carpet			
		Business Related \$850			

2.4 8	Maggio, Karen Priority Creditor's Name 97 Island Creek Road Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input checked="" type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input checked="" type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations			
		<input type="checkbox"/> Taxes and certain other debts you owe the government			
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input checked="" type="checkbox"/> Other. Specify Deposits by individuals			
		Consumer Deposit			
		Carpet			
		Business Related \$1300			

2.4 9	Maiellano, Elizabeth Priority Creditor's Name 121 Winter Street Norwell, MA 02061 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input checked="" type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
		As of the date you file, the claim is: Check all that apply			
		<input type="checkbox"/> Contingent			
		<input type="checkbox"/> Unliquidated			
		<input checked="" type="checkbox"/> Disputed			
		Type of PRIORITY unsecured claim:			
		<input type="checkbox"/> Domestic support obligations			
		<input type="checkbox"/> Taxes and certain other debts you owe the government			
		<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
		<input checked="" type="checkbox"/> Other. Specify Deposits by individuals			
		Consumer Deposit			
		Carpet			
		Business Related \$2464.00			

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.5 0	Maiellano, Elizabeth Priority Creditor's Name 121 Winter Street Norwell, MA 02061 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$1,664.10					

2.5 1	Massachusetts Department of Revenue Priority Creditor's Name Bankruptcy Unit P.O. Box 9564 Boston, MA 02114 Number Street City State Zip Code	Last 4 digits of account number	\$69,650.81	\$69,650.81	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Sales Tax 7/31/17-8/31/18 \$61,566.20 11/30/18 \$8,084.61 Business Related					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.5
2

**Massachusetts Department of
Revenue**

Priority Creditor's Name

**Bankruptcy Unit
P.O. Box 9564
Boston, MA 02114**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **\$63,121.24**

\$57,871.75

\$5,249.49

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

**Withholding Taxes/Sales Taxes
Subject to a payment Agreement
Quarterly Installment of \$2,500.00
Business Related**

2.5
3

McBain, Judy

Priority Creditor's Name

**76 Boat Wrights Loop
Plymouth, MA 02360**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **\$0.00**

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated

Other. Specify **Deposits by individuals**

Consumer Deposit

Pad

Business Related \$20

2.5
4

Meade, Lisa

Priority Creditor's Name

**153 Elliott Road
Centerville, MA 02632**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **\$0.00**

\$0.00

\$0.00

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated

Other. Specify **Deposits by individuals**

Consumer Deposit

Carpet

Business Related \$675.09

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.5	Meany, Patricia Priority Creditor's Name 775 Rockyhill Road Plymouth, MA 02360 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$114.18					
2.6	Mosesso, Patricia Priority Creditor's Name 88 Pownal Street Marshfield, MA 02050 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$484.50					
2.7	Nakata, Jennifer Priority Creditor's Name 43 Stonewell Drive West Barnstable, MA 02668 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.5 8	<p>Norris, Sara Priority Creditor's Name 13 Elm Park Scituate, MA 02066 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related 1203.76</p>
2.5 9	<p>O'Connell, Brian Priority Creditor's Name 6 Lazy Lane Harwich, MA 02645 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$390.75</p>
2.6 0	<p>O'Donnell, Phyllis Priority Creditor's Name 17 Trainwood Drive Bridgewater, MA 02324 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related 1,000</p>

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.6 1	O'Leary, Patricia Priority Creditor's Name 3 Willow Road Pembroke, MA 02359 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Binding Business Related \$40.00					
2.6 2	Perry, Cathy Priority Creditor's Name 80 School Street Norwell, MA 02061 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$500.00					
2.6 3	Philbrick, Elaine Priority Creditor's Name 307 Congress Street Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$1450.57					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.6 4	Pla, Jamie Priority Creditor's Name 162 Old Washinton Street E. Bridgewater, MA Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$1000					
2.6 5	Plausse, Lucy Priority Creditor's Name 204 Center Street Unit 11 Pembroke, MA 02359 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$396.86					
2.6 6	Plumer, Nancy Priority Creditor's Name 867 Shoot flying Hill Centerville, MA 02632 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit REM Business Related \$557.93					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.6	Ricciardi, Rocko Priority Creditor's Name 523 Washington Street, Unit A10 Pembroke, MA 02359 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
7	Who incurred the debt? Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$1400					
2.6	Richards, Lisa Priority Creditor's Name 5 Glenwood Road Hingham, MA 02043 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
8	Who incurred the debt? Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$1150					
2.6	Ruznak, Beth Priority Creditor's Name 37 Gates Circle Scituate, MA 02066 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
9	Who incurred the debt? Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Salary 650.00 comm. Nov. 686.90 comm. Dec. 154.28 Business Related \$1491.18					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.7 0	Ryan, Fred Priority Creditor's Name 23 Indian Path Hanson, MA 02341 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$369.31					
2.7 1	Sanmarco, Mark Priority Creditor's Name 48 Grandview Avenue Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$4800					
2.7 2	Seer, Teresa Priority Creditor's Name 144 E. Washington Street Hanson, MA 02341 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
Check if this claim is for a community debt					
Is the claim subject to offset?					
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Linoleum Business Related \$500					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.7 3	<p>Seer, Teresa Priority Creditor's Name 144 E. Washington Street Hanson, MA 02341 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Linoleum Business Related \$500</p>
2.7 4	<p>Sigrist, Richard Priority Creditor's Name 21 Union Bridge Road Duxbury, MA 02332 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit REM Business Related \$434</p>
2.7 5	<p>Silva, Chuck Priority Creditor's Name 68 Shank Painter Provincetown, MA 02657 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of PRIORITY unsecured claim:</p> <p><input type="checkbox"/> Domestic support obligations</p> <p><input type="checkbox"/> Taxes and certain other debts you owe the government</p> <p><input type="checkbox"/> Claims for death or personal injury while you were intoxicated</p> <p><input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$600</p>

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.7 6	Stanton, Hillie Priority Creditor's Name 172 Stonebridge Drive Hanson, MA 02341 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit P/U Business Related \$60					
2.7 7	Striebel, Michelle Priority Creditor's Name 1010 Congress Street Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$895					
2.7 8	Strong, Patricia Priority Creditor's Name 105 Parker Road Osterville, MA 02655 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.					
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another					
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$2772					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.7
9

Sweeney, Jay Priority Creditor's Name 46 Loan Pine Path Weymouth, MA 02188 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.	When was the debt incurred?			
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations				
<input type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$4,048.25				

2.8
0

T & D Reality Priority Creditor's Name 23 W. Bay Rd. Osterville, MA 02655 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.	When was the debt incurred?			
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations				
<input type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$500				

2.8
1

Tibert, James Priority Creditor's Name 18 Porrazzo Road Hull, MA 02045 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one.	When was the debt incurred?			
<input type="checkbox"/> Debtor 1 only				
<input type="checkbox"/> Debtor 2 only				
<input type="checkbox"/> Debtor 1 and Debtor 2 only				
<input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No				
<input type="checkbox"/> Yes				
Type of PRIORITY unsecured claim:				
<input type="checkbox"/> Domestic support obligations				
<input type="checkbox"/> Taxes and certain other debts you owe the government				
<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit LVT Business Related \$980.00				

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-127152.8
2**Wallace, Lynn**

Priority Creditor's Name

**55 Indian Path Road
Halifax, MA 02338**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$0.00**\$0.00****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Deposits by individuals**
Consumer Deposit
Carpet
Business Related \$926.04

2.8
3**Walsh, Mila**

Priority Creditor's Name

**24 Charles Drive
Canton, MA 02021**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$0.00**\$0.00****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Deposits by individuals**
Consumer Deposit
Carpet
Business Related \$725

2.8
4**White, Melissa**

Priority Creditor's Name

**300 Liberty Street
Rockland, MA 02370**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt
Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number

\$0.00**\$0.00****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify **Deposits by individuals**
Consumer Deposit
Carpet
Business Related \$1704.79

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.8 5	Wienberg, Joe & Erica Priority Creditor's Name 106 Watershed Way Marstons Mills, MA 02648 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$500					
2.8 6	Wilson, Robert Priority Creditor's Name 33 Skinner Street Brockton, MA 02302 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Wages, salaries, and commissions Salary 700.00 30 vac. days 4,200.00 comm. Nov. 6,572.45 Business Related comm. Dec. 1,331.21					
2.8 7	Wood, Lois Priority Creditor's Name 133 West Street Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated					
<input checked="" type="checkbox"/> Other. Specify Deposits by individuals Consumer Deposit Carpet Business Related \$199.12					

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

2.8 8	Zemotel, Joe & Meg Priority Creditor's Name 89 Old Farm Road Hanover, MA 02339 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input checked="" type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No	Deposits by individuals			
	<input type="checkbox"/> Yes	Consumer Deposit Carpet Business Related \$2525.00			

2.8 9	Zoltowski, Emily Priority Creditor's Name 1 Spruce Lane Duxbury, MA 02332 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input checked="" type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?				
	<input checked="" type="checkbox"/> No	Deposits by individuals			
	<input type="checkbox"/> Yes	Consumer Deposit Carpet Business Related \$950.00			

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?** No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.1	1st Merchant Funding Nonpriority Creditor's Name 1135 Kane Concourse 6th floor Bay Harbor Islands, FL 33154 Number Street City State Zip Code	Last 4 digits of account number 8857	\$64,800.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Business Related</p> <p><input type="checkbox"/> Yes</p>		When was the debt incurred?	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p>Type of NONPRIORITY unsecured claim:</p>			
<p>4.2 Ainsworth, Kevin Nonpriority Creditor's Name 857 Commercial Street Unit 7 Provincetown, MA 02657 Number Street City State Zip Code</p>			
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p>		Last 4 digits of account number	\$0.00
<p><input type="checkbox"/> Yes</p>		When was the debt incurred?	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p>Type of NONPRIORITY unsecured claim:</p>			
<p>4.3 Airgas Nonpriority Creditor's Name PO Box 802576 IL 60825 Number Street City State Zip Code</p>		Last 4 digits of account number 0891	\$0.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p>		When was the debt incurred?	
<p><input type="checkbox"/> Yes</p>		As of the date you file, the claim is:	
<p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>			
<p>Type of NONPRIORITY unsecured claim:</p>			
<p>Supplier 1,392.46 Other. Specify Business Related</p>			

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.4	<p>Ally Financial Nonpriority Creditor's Name c/o Radius Global Solutions 9550 Regency Square Bolvd., Suite 500A Dept. # 119195 Jacksonville, FL 32225</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3171</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Lease of vehicle</p>	\$7,853.25
4.5	<p>Ally Financial, Inc. Nonpriority Creditor's Name c/o Alltran Financial, LP po Box 4043 Concord, CA 94524</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4431</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Repossess Lease Deficiency 7,853.25 Busines Related</p>	\$0.00
4.6	<p>Anchor Press Nonpriority Creditor's Name 77 Accord Park Drive Unit C4 Norwell, MA 02061</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify Business Related \$628.79</p>	\$0.00

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.7	Ascensus Nonpriority Creditor's Name 415 8th Avenue Brainerd, MN 56401 Number Street City State Zip Code	Last 4 digits of account number 0814 When was the debt incurred?	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Supplier Business Related \$394.29 <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes			
4.8	Associated Physicians @HMFP Nonpriority Creditor's Name c/o Balanced Healthcare Receivables 164 Burke Street Nashua, NH 03060 Number Street City State Zip Code	Last 4 digits of account number 0651 When was the debt incurred?	\$46.86
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical <input type="checkbox"/> Yes			
4.9	AT&T Nonpriority Creditor's Name PO Box 6463 Carol Stream, IL 60197 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred?	\$0.00
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Utility Business \$742.80 <input type="checkbox"/> Yes			

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.1 0	Atrius Health Nonpriority Creditor's Name c/o Peter Roberts & Associates, Inc. 231 E. Main Street Suite 201 Milford, MA 01757 Number Street City State Zip Code	Last 4 digits of account number 0232	\$508.96
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	
4.1 1	Atrius Health Nonpriority Creditor's Name PO Box 415432 Boston, MA 02241 Number Street City State Zip Code	Last 4 digits of account number 3597	\$146.67
<p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	
4.1 2	Baroque Flooring Nonpriority Creditor's Name 120 N. Industrial Blv. Calhoun, GA 30701 Number Street City State Zip Code	Last 4 digits of account number 2206	\$0.00
<p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>		<p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Supplier Business Related \$1,996.60</p>	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-127154.1
3**Beaulieu**

Nonpriority Creditor's Name

**PO Box 1447
Chatsworth, GA 30705**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7020**\$3,560.42**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

4.1
4**Belknap White**

Nonpriority Creditor's Name

**111 Plymouth Street
Mansfield, MA 02048**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7300**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Related \$8,265.30**

4.1
5**Beth Israel Deaconess Hospital**

Nonpriority Creditor's Name

**c/o Computer Credit, Inc.
Claim Dept. 054020
470 W. Hanes Mill Road
Winston Salem, NC 27113**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7096**\$1,023.90**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Medical**

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.1 6	<p>BIDH -Plymouth Pathology Nonpriority Creditor's Name PO Box 845467 Boston, MA 02284</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6188</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	\$38.00
4.1 7	<p>BIDHY-Plymouth Radiology Nonpriority Creditor's Name PO Box 845292 Boston, MA 02284</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	\$11.53
4.1 8	<p>Boston Children's Hospital Nonpriority Creditor's Name c/o ROI PO Box 549 Lutherville Timonium, MD 21094</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7884</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	\$75.00

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-127154.1
9**Boston Globe**

Nonpriority Creditor's Name

**PO Box 55819
Boston, MA 02205**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Advertising and Paper**■ Other. Specify Business Related \$560.00**4.2
0**Boston Medical Center**

Nonpriority Creditor's Name

**c/o Gragil Associates Inc.
29 Winter Street
Pembroke, MA 02359**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$55.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical4.2
1**Boston Medical Center**

Nonpriority Creditor's Name

**PO Box 419877
Boston, MA 02241**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **3967****\$22.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Medical bill

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 2</div> Braun's Express Nonpriority Creditor's Name 10 Tandem Way Hopedale, MA 01747 Number Street City State Zip Code	Last 4 digits of account number KeronM When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
\$0.00	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 3</div> Buonopane, Fran Nonpriority Creditor's Name 61 Grove Street Braintree, MA 02184 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
\$0.00	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 4</div> Burnham, Joshua Nonpriority Creditor's Name 88 Forest Street Marshfield, MA 02050 Number Street City State Zip Code	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
\$0.00	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.2 5 Cadigan, Colleen Nonpriority Creditor's Name 23 Harbor Heights Scituate, MA 02066 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Consumer Deposit Carpet <input checked="" type="checkbox"/> Other. Specify Business Related \$856.30
<hr/> 4.2 6 Cadigan, Colleen Nonpriority Creditor's Name 23 Harbor Heights Scituate, MA 02066 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Consumer Deposit LVT <input checked="" type="checkbox"/> Other. Specify Business Related \$2,133.98	
<hr/> 4.2 7 Calabro, Jack & Diane Nonpriority Creditor's Name 711 Center Street Hanover, MA 02339 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts Consumer Deposit Carpet <input checked="" type="checkbox"/> Other. Specify Business Related \$735.36	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.2 8	<p>Calnan, John</p> <p>Nonpriority Creditor's Name 429 Monomoscoy Road Mashpee, MA 02649</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">Consumer Deposit Carpet ■ Other. Specify <u>Business RElated \$7,221.60</u></p>
4.2 9	<p>Cape Cod Broadcasting</p> <p>Nonpriority Creditor's Name 737 W. Main Street Hyannis, MA 02601</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0111 \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">Advertising ■ Other. Specify <u>Business Related \$4,462.00</u></p>
4.3 0	<p>Capital One Services, LLC</p> <p>Nonpriority Creditor's Name PO Box 85619 Richmond, VA 23285</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1367 \$18,124.54</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>■ Other. Specify <u>Revolving Line of Credit</u></p>

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

<p>4.3 1</p> <p>Carr, Kristian</p> <p>Nonpriority Creditor's Name 22 Main Street Hyannis, MA 02601</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">Comm. Nov. \$199.31 Comm. Dec. \$56.32 ■ Other. Specify Business Related \$255.63</p>
<hr/>	
<p>4.3 2</p> <p>Case, Barbara</p> <p>Nonpriority Creditor's Name 213 Edgewater Drive Pembroke, MA 02359</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">Consumer Deposit Carpet ■ Other. Specify Business Related \$1291.00</p>
<hr/>	
<p>4.3 3</p> <p>Casey, Annette</p> <p>Nonpriority Creditor's Name 95 Chittenden Lane Cohasset, MA 02025</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p style="text-align: center;">Consumer Deposit Carpet ■ Other. Specify Business Related \$3000.00</p>

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.3 4	Casey, Annette Nonpriority Creditor's Name 95 Chittenden Lane Cohasset, MA 02025 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	\$0.00	
4.3 5	CDS Nonpriority Creditor's Name 8 Court Drive Lincoln, RI 02865 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	Consumer Deposit Carpet Business Related <input checked="" type="checkbox"/> Other. Specify _____	\$0.00
4.3 6	Chase Bank USA NA Nonpriority Creditor's Name c/o MRS Associates of New Jersey 1930 Olney Avenue St Thomas, VI 00803 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1036</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	 Business Related <input checked="" type="checkbox"/> Other. Specify <u>\$35,462.00</u>	\$0.00

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.3 7	<p>Chase Cardmember Services Nonpriority Creditor's Name PO Box 15548 Wilmington, DE 19886 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2188</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Revolving Line of Credit</p>	\$7,849.80
4.3 8	<p>Citibank Sears Nonpriority Creditor's Name PO Box 6286 Sioux Falls, SD 57117 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7701</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Revolving Line of Credit</p>	\$6,792.45
4.3 9	<p>Citibank, NA Nonpriority Creditor's Name c/o Altran Fiancial PO Box 4044 Concord, CA 94524 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0079</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Sears Gold Master Card 2320 Former Collector For Notice Purpose Only</p>	\$0.00

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

**4.4
0**

Citizens Bank Nonpriority Creditor's Name c/o Sunrise Credit Services, Inc. P.O. Box 9100 Farmingdale Farmingdale, NY 11735	Last 4 digits of account number 7496	\$0.00
When was the debt incurred?		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Revolving Line of Credit For Notice Purpose Only Collection		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Collection		

**4.4
1**

Citizens Bank Nonpriority Creditor's Name PO Box 7092 Bridgeport, CT 06601	Last 4 digits of account number 0423	\$10,938.15
When was the debt incurred?		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify Revolving Line of Credit		
<input type="checkbox"/> Yes		

**4.4
2**

Clark, Christine Nonpriority Creditor's Name 32 Brandies Circle Halifax, MA 02338	Last 4 digits of account number	\$0.00
When was the debt incurred?		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim:		
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Consumer Deposit LVT Business Related \$4,354.25		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> Other. Specify Business Related \$4,354.25		

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.4
3

Coleman, Rosemary

Nonpriority Creditor's Name

**23 Winterberry Lane
Hanover, MA 02339**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Consumer Deposit
Cleaning
Business Related**

4.4
4

Columbia Gas of Massachusetts

Nonpriority Creditor's Name

**PO Box 2025
Springfield, MA 01102**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Utility
Business Related \$291.17**

4.4
5

Comcast

Nonpriority Creditor's Name

**PO Box 1577
Newark, NJ 07101**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Utility
Business Related \$763.01**

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.4 6	Commonwealth of Massachusetts	\$0.00
<p>Nonpriority Creditor's Name PO Box 847840 Boston, MA 02284</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Registration of Vehicle Business Related \$4.15</p> <p><input type="checkbox"/> Yes</p>		
4.4 7	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Salary 450.00 Comm. Nov. 8279.37 comm. Dec. 1762.95 Business Related: \$11,844.32 13 vacation days 1352.00</p> <p><input type="checkbox"/> Yes</p>	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

<p>4.4 8</p> <p>Connors, William Nonpriority Creditor's Name 2 Capt. Percival South Yarmouth, MA 02664 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	<p>Last 4 digits of account number \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Consumer Deposit Carpet Business Related \$300</p>
<p>4.9</p> <p>Conover, Justin Nonpriority Creditor's Name 1185 Brook Road Milton, MA 02186 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p>	
<p>Last 4 digits of account number \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Installs \$3,561.67 retainer 1,000.00 Business Related</p>	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.5 **0**

Conover, Mark **\$0.00**

Nonpriority Creditor's Name

43 Hobart Lane
Rockland, MA 02370

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent

Debtor 2 only Unliquidated

Debtor 1 and Debtor 2 only Disputed

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts

As of the date you file, the claim is: Check all that apply

Student loans **Salary \$1,390.00**

Obligations arising out of a separation agreement or divorce that you did not report as priority claims **Vacation days 38.5 10,703.00**

Debts to pension or profit-sharing plans, and other similar debts **car reimburse \$370.75**

Other. Specify **Business Related**

Other. Specify **Business Related**

Other. Specify **Health insurance \$3,211.49**

Yes

4.5 **1**

Conrad, Meredith **\$0.00**

Nonpriority Creditor's Name

43 Bagnell Drive
Pembroke, MA 02359

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent

Debtor 2 only Unliquidated

Debtor 1 and Debtor 2 only Disputed

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No Debts to pension or profit-sharing plans, and other similar debts

As of the date you file, the claim is: Check all that apply

Student loans **Consumer Deposit**

Obligations arising out of a separation agreement or divorce that you did not report as priority claims **Carpet**

Debts to pension or profit-sharing plans, and other similar debts **Business RElated \$151.00**

Yes

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.5 2	Cryan, Deanna	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name			
23 Kalmia Way Centerville, MA 02632			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Consumer Deposit Carpet Business Related \$1,852.00			

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 4.5 3 </div> <p>Dalyn Rug Co. Nonpriority Creditor's Name PO Box 1031 Dalton, GA 30722</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
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 Last 4 digits of account number 2551 **\$0.00** **When was the debt incurred?** **As of the date you file, the claim is:** Check all that apply Contingent Unliquidated Disputed **Type of NONPRIORITY unsecured claim:** Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts **Supplier** **Other. Specify** Business Related \$127.00 |

<p>4.5 4</p> <p>Dixie Group</p> <p>Nonpriority Creditor's Name PO Box 842980 Boston, MA 02284</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1372</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Related \$493.62</p>
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Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.5 5 Dreamweaver Nonpriority Creditor's Name PO Box 890068 Charlotte, NC 28289 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 5445 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Supplier a/k/a Engineered Floors, LLC Business Related \$16,042.13	\$0.00
4.6 Dynamic Rug Nonpriority Creditor's Name 4845 Governors Way Frederick, MD 21704 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$0.00
Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Supplier Business Related \$2,747.86		\$0.00
4.7 East Coast Telecom Nonpriority Creditor's Name 82 R Mill Street Weymouth, MA 02188 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$0.00
Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Phone System Business Related \$5,795.50		\$0.00

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.5	Engineered Floors, LLC Nonpriority Creditor's Name PO Box 2207 Dalton, GA 30722 Number Street City State Zip Code	Last 4 digits of account number <hr/> When was the debt incurred? <hr/> As of the date you file, the claim is: Check all that apply	\$0.00
8	<p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Business Related <u>\$14,384.46</u></p> <p><input type="checkbox"/> Yes</p>		
4.5	Eversourcer Nonpriority Creditor's Name PO Box 660369 Dallas, TX 75266 Number Street City State Zip Code	Last 4 digits of account number 0014 <hr/> When was the debt incurred? <hr/> As of the date you file, the claim is: Check all that apply	\$0.00
9	<p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify utility electric Business Related <u>\$2,379.93</u></p> <p><input type="checkbox"/> Yes</p>		
4.6	Expansion Capital Nonpriority Creditor's Name 5020 S. Broadband Lane Suite 100 Sioux Falls, SD 57108 Number Street City State Zip Code	Last 4 digits of account number 2171 <hr/> When was the debt incurred? <hr/> As of the date you file, the claim is: Check all that apply	\$181,250.00
0	<p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Business Related</p> <p><input type="checkbox"/> Yes</p>		

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.6 1	<p>Expansion Capital Nonpriority Creditor's Name c/o Weinsten & Riley, PC 2001 Western Avenue, Ste 400 Seattle, WA 98121</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>\$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify FNPO</p>
4.6 2	<p>First Data Global Leasing Nonpriority Creditor's Name c/o Hunter Warfield 4620 Woodland Corporate Blvd. Tampa, FL 33614</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>\$1,129.06</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 2981 collector</p>
4.6 3	<p>Flooring America Nonpriority Creditor's Name 4301 Earthcity Expressway Earth City, MO 63045</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>\$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Buying Group <input checked="" type="checkbox"/> Other. Specify Business Related \$5,186.93</p>

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-127154.6
4**Gatehouse Media**

Nonpriority Creditor's Name

**PO Box 223532
Pittsburgh, PA 15251**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

6959**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Advertising
Business Related \$698.20**4.6
5**Greenstreet Recycling**

Nonpriority Creditor's Name

**133 Meetinghouse Road
Duxbury, MA 02332**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Trash
Business Related \$5,050.00**4.6
6**Gulf Oil**

Nonpriority Creditor's Name

**POBox 9001001
Louisville, KY 40920**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

8589**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Gas
Business Related \$4,923.56**

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-127154.6
7**J&P Hyannis Trustf**

Nonpriority Creditor's Name

**45 Braintree Hill Office Park
Braintree, MA 02184**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

\$108,704.06

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Cape Cod Landlord
Business Related**4.6
8**Kenneth Najarian**

Nonpriority Creditor's Name

**420 Washington Street, Ste. 401
Braintree, MA 02184**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Accounting
Business Related \$13,000.00**4.6
9**Louis De Poortere**

Nonpriority Creditor's Name

**Rue DeLa Royerne
45A Mouscron
Belgium**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Debtor 1 only Contingent
 Debtor 2 only Unliquidated
 Debtor 1 and Debtor 2 only Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Business Related \$2,026.68

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.7 0	<p>Marshfiled Dental Group Nonpriority Creditor's Name 435 Furnace Street Marshfield, MA 02050 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5401</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>	\$181.50
4.7 1	<p>Mass Department of Transportation Nonpriority Creditor's Name PO Box 55891 Boston, MA 02205 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Excise Tax Business Related \$300.00</p>	\$0.00
4.7 2	<p>Mohawk Nonpriority Creditor's Name PO Box 12069 S. Ind. Blvd. Calhoun, GA 30701 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8463</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business related</p>	\$36,449.76

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-127154.7
3**Momeni**

Nonpriority Creditor's Name

**60 Broad Street
Carlstadt, NJ 07072**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

2220**\$0.00****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Related \$533.11**

4.7
4**Mountain Once Bank**

Nonpriority Creditor's Name

**279 Union Street
Rockland, MA 02370**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8753**\$95,161.49****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**inventory
Loan for moving expenditures
Business Related**

4.7
5**Mountain One Bank**

Nonpriority Creditor's Name

**279 Union Street
Rockland, MA 02370**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

1555**\$278,932.91****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Property , Inventory
Line of Credit
Business Related**

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-127154.7
6**Mountain One Bank**

Nonpriority Creditor's Name

**279 Union Street
Rockland, MA 02370**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **5251****\$140,291.44**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

Inventory**Deficiency from sale of Property****Business Related**4.7
7**MSB-KC**

Nonpriority Creditor's Name

**321 Marshall Street
Duxbury, MA 02332**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **K10****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Business Related \$103,420.444.7
8**National Grid**

Nonpriority Creditor's Name

**300 Erie Boulevard West
Syracuse, NY 13202**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number **9300****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**■ Other. Specify Utility
Business Related \$6,398.29**

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.7	Neighborhood Network Nonpriority Creditor's Name PO Box 602906 Charlotte, NC 28260	Last 4 digits of account number _____	\$0.00
	Number Street City State Zip Code	When was the debt incurred? _____	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	Advertising <input checked="" type="checkbox"/> Other. Specify Business Related \$69.00	
4.8	Nielsen Eye Center Inc. Nonpriority Creditor's Name 300 Congress Street Ste. 201 Quincy, MA 02169	Last 4 digits of account number 3818	\$100.00
	Number Street City State Zip Code	When was the debt incurred? _____	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify Medical	
4.8	Nissan Motor Acceptance Nonpriority Creditor's Name PO Box 9001132 Louisville, KY 40290	Last 4 digits of account number 0001	\$850.80
	Number Street City State Zip Code	When was the debt incurred? _____	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	Car Loan <input checked="" type="checkbox"/> Other. Specify Business Obligation	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.8 2	<p>Nourison Rug Corp. Nonpriority Creditor's Name PO Box 35651 Newark, NJ 07193 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Supplier Business Related \$4,916.31</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.8 3	<p>NRF Distributors Nonpriority Creditor's Name PO Box 2467 Augusta, ME 04338 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Business Related \$1,570.65</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$0.00</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>
4.8 4	<p>Pembroke Fire Dept. Ambulance Service Nonpriority Creditor's Name PO Box 697 Pembroke, MA 02359 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify Medical</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$117.28</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p>

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-127154.8
5**Peter Burnham**

Nonpriority Creditor's Name

**321 Marshall Street
Duxbury, MA 02332**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$9,741.86

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Minority Principal**4.8
6**Portfolio Recovery Associates, LLC**

Nonpriority Creditor's Name

**P.O. Box 12914
Norfolk, VA 23541**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **2320****\$7,293.01**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Purchase debt from Cit**4.8
7**Provenza Floors**

Nonpriority Creditor's Name

**15541 Mosher AEE
Tustin, CA 92780**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **006A****\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Supplier
Business Related \$1,485.31**

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.8
8

Radici USA

Nonpriority Creditor's Name

**PO Box 3143
Spartanburg, SC 29304**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Related \$283.29**

4.8
9

Regan, Christopher

Nonpriority Creditor's Name

**c/o Regan Carpet Service
123 Whiting Street
Hingham, MA 02043**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

**Supplier
Other. Specify **Business Related \$11,714.30****

4.9
0

Ricoh

Nonpriority Creditor's Name

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Business Related \$822.46**

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.9 1 Rypkema, Thomas Nonpriority Creditor's Name 160 String Street Pembroke, MA 02359 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	Unknown co owner of Roger W. Kent & Company Inc. d/b/a Kent's Carpetland ■ Other. Specify <u>Potential Right of Contribution claim</u>
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4.9 2 Safety Insurance Nonpriority Creditor's Name PO Box 371312 Pittsburgh, PA 15250 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	Insurance ■ Other. Specify <u>Business Related \$3,899.10</u>
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4.9 3 Sears Citi Cards Nonpriority Creditor's Name c/o Schreiber/Cohen, LLC 53 Stiles Road, Ste. A102 Salem, NH 03079 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7701</u> \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	 8611 ■ Other. Specify <u>Ror Notice Purpose Only</u>
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Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.9 4	Sears Credit Cards	Last 4 digits of account number 2320	\$0.00
Nonpriority Creditor's Name			
PO Box 6282			
Sioux Falls, SD 57117			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
When was the debt incurred? As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Revolving Line of Credit <input checked="" type="checkbox"/> For Notice Purposes only			

4.9 5	Sharkey, Joseph	Last 4 digits of account number	\$0.00
Nonpriority Creditor's Name			
14 Seth Sprague Drive			
Marshfield, MA 02050			
Number Street City State Zip Code			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another			
<input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Related \$15,000.00			

<p>4.9 6</p> <p>Shaw Industries Nonpriority Creditor's Name PO Box 3305 Boston, MA 02241 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6829</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Business Related</p>
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Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.9	Shell Fleet Nonpriority Creditor's Name PO Box 183019 Columbus, OH 43218	Last 4 digits of account number 5592	\$0.00
7	Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		Gas Card <input checked="" type="checkbox"/> Other. Specify Business Related \$1,805.42	
4.9	Social Security Administration Nonpriority Creditor's Name Northeastern Program Service Center 1 Jamaica Center Plaza Jamaica, NY 11432	Last 4 digits of account number 27,456.00	
8	Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify overpaid social security	
4.9	South Shore Cardiology Nonpriority Creditor's Name 70 Pleasant Street South Weymouth, MA 02190	Last 4 digits of account number 1160	\$550.00
9	Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		Type of NONPRIORITY unsecured claim:	
		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify Medical	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

<p>4.1 00</p> <p>South Shore Health Express Nonpriority Creditor's Name PO Box 4110 Dept 3270 Woburn, MA 01888 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4000 \$99.54</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>
<p>4.1 01</p> <p>South Shore Health System Nonpriority Creditor's Name 141 Longwater Drive Norwell, MA 02061 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5687 \$2,005.20</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>
<p>4.1 02</p> <p>South Shore Hospital Nonpriority Creditor's Name c/o ROI PO Box 549 Lutherville Timonium, MD 21094 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 1319 \$102.88</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical</p>

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 03</div> South Shore Hospital Nonpriority Creditor's Name c/o ROI Box 549 Lutherville Timonium, MD 21094 Number Street City State Zip Code	Last 4 digits of account number 6337 \$480.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Medical Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 04</div> South Shore Radiological Nonpriority Creditor's Name c/o Peter Roberts & Associates 231 E. Main Street Ste. 201 Milford, MA 01757 Number Street City State Zip Code	Last 4 digits of account number 9728 \$236.56 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Medical Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 05</div> South Shore Skin Center Nonpriority Creditor's Name One Scobee Circle Plymouth, MA 02360 Number Street City State Zip Code	Last 4 digits of account number 3222 \$202.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Other. Specify Medical Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.1 06	Southwind	Last 4 digits of account number	5434	\$0.00
Nonpriority Creditor's Name				
PO Box 3577				
Dalton, GA 30719				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
<input checked="" type="checkbox"/> Other. Specify a/k/a Indian Summer Carpet Mills, Inc. Business Related \$11,419.82				

<p>4.1 07</p> <p>Stanley Carpets</p> <hr/> <p>Nonpriority Creditor's Name PO Box 9283 East Ridge, TN 37412</p> <hr/> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <input style="width: 100px; border: 1px solid black; height: 20px; vertical-align: middle;" type="text"/> \$0.00</p> <hr/> <p>When was the debt incurred? <input style="width: 100px; border: 1px solid black; height: 20px; vertical-align: middle;" type="text"/></p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Supplier <input checked="" type="checkbox"/> Other. Specify Business Related \$11,999.02</p>
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<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 4.1 08 </div> <p>Stanton Carpets Corp</p> <hr/> <p>Nonpriority Creditor's Name 211 Robbins Lane Syosset, NY 11791</p> <hr/> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4661</p> <hr/> <p>When was the debt incurred?</p> <hr/> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Supplier Business Related \$1,747.49</p>
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Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 09</div> Stiller Distributors, Inc. Nonpriority Creditor's Name 833 Dyer Avenue Cranston, RI 02920 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number KENTS \$0.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Supplier Business Related \$4,230.88
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 10</div> Telco Experts Nonpriority Creditor's Name 169 Ramap Valley Road Oakland, NJ 07436 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number \$0.00 When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify utility phone Business Related \$743.76	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 11</div> Thomas Rypkema Nonpriority Creditor's Name 160 String Street Pembroke, MA 02359 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Last 4 digits of account number Unknown When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Related Co owner	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

<p>Town of Hanover</p> <p>Nonpriority Creditor's Name 550 Hanover Street, Ste. 10 Hanover, MA 02339</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <input style="width: 100px; border: 1px solid black; height: 20px; vertical-align: middle;" type="text"/></p> <p>When was the debt incurred? <input style="width: 100px; border: 1px solid black; height: 20px; vertical-align: middle;" type="text"/></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Property tax, 1st and 2nd qu. fy2019 Business Related \$5,193.60</p>
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<div style="border: 1px solid black; padding: 5px;"> <p>Town of Rockland</p> <p>Nonpriority Creditor's Name 242 Union Street Rockland, MA 02370</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </div>	<p>Last 4 digits of account number 199</p> <p>When was the debt incurred?</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Personal Property Tax Business Related \$1,036.37</p>
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4.1 14	Uline	Last 4 digits of account number	3814	\$0.00
Nonpriority Creditor's Name				
PO Box 88741				
Chicago, IL 60680				
Number Street City State Zip Code				
Who incurred the debt? Check one.				
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another				
<input type="checkbox"/> Check if this claim is for a community debt				
Is the claim subject to offset?				
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
When was the debt incurred? <hr/>				
As of the date you file, the claim is: Check all that apply				
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed				
Type of NONPRIORITY unsecured claim:				
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts				
Office Supplies <input checked="" type="checkbox"/> Other. Specify Business Related \$449.49 <hr/>				

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.1 15	Unicorn Realty Nonpriority Creditor's Name 293R Washinton Street Norwell, MA 02061 Number Street City State Zip Code	Last 4 digits of account number _____	\$30,995.60
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Previous Landlord <input checked="" type="checkbox"/> Other. Specify Business Related			
4.1 16	US Floors Nonpriority Creditor's Name PO Box 100258 Atlanta, GA 30384 Number Street City State Zip Code	Last 4 digits of account number 1000	\$0.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Supplier <input checked="" type="checkbox"/> Other. Specify Business Related \$1,300.00			
4.1 17	Verizon Nonpriority Creditor's Name PO Box 1100 Albany, NY 12250 Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> Disputed <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
Utility <input checked="" type="checkbox"/> Other. Specify Business Related \$131.09			

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 18</div> Versatrim Nonpriority Creditor's Name 860 Commerce Drive Henderson, NC 27537 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No	Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
Business Related	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify \$967.31 _____
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 19</div> W. B. Mason Nonpriority Creditor's Name PO Box 981101 Boston, MA 02298 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No	
Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Office Supplies <input checked="" type="checkbox"/> Other. Specify Business Related \$620.60 _____	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.1 20</div> Wells Fargo Vendor Financial Services Nonpriority Creditor's Name PO Box 13708 Macon, GA 31208 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No	
Last 4 digits of account number _____ \$0.00 When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input checked="" type="checkbox"/> Other. Specify Business Related \$1384.22 _____	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

<p>4.1 21</p> <p>William Sinclair Electric, Co., Inc.</p> <p>Nonpriority Creditor's Name 180 South Meadow road Plymouth, MA 02360</p> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Electrical Work <input checked="" type="checkbox"/> Other. Specify Business Related \$2,534.30</p>
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4.1 22	WJ Grosvenor	Last 4 digits of account number 5234	\$0.00
Nonpriority Creditor's Name 134 Chelmsford Road North Billerica, MA 01862		When was the debt incurred? _____	
Number Street City State Zip Code		As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt		Type of NONPRIORITY unsecured claim:	
Is the claim subject to offset?		<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Business Related \$295.20	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> 4.1 23 </div> <p>WPLM-FM</p> <hr/> <p>Nonpriority Creditor's Name 17 Columbus Road Plymouth, MA 02360</p> <hr/> <p>Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <input style="width: 150px; border: 1px solid black; height: 20px; margin-bottom: 5px;" type="text"/></p> <p>When was the debt incurred? <input style="width: 150px; border: 1px solid black; height: 20px; margin-bottom: 5px;" type="text"/></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>Advertising Business Related \$2,775.00</p>
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Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

4.1 24	Yacobian Route 53 Realty Trust Nonpriority Creditor's Name 1916 Zeniada Avenue Leving and Levin, LLP 875 Southern Artery McAllen, TX 78504	Last 4 digits of account number _____	\$0.00
	Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input checked="" type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	Business Related Rent	
		<input checked="" type="checkbox"/> Other. Specify 23,612.13	

4.1 25	Yacobian Route 53 Realty Trust Nonpriority Creditor's Name 1916 Zeniada Avenue McAllen, TX 78504	Last 4 digits of account number _____	\$0.00
	Number Street City State Zip Code	When was the debt incurred?	
	Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	Lease	
		<input checked="" type="checkbox"/> Other. Specify For notice purposes only	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 185,406.79
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
	6e. Total Priority. Add lines 6a through 6d.	6e. \$ 185,406.79
	6f. Student loans	6f. \$ 0.00

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known) **19-12715**

**Total
claims
from Part 2**

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**
6h. **Debts to pension or profit-sharing plans, and other similar debts**
6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6g. \$ **0.00**
6h. \$ **0.00**
6i. \$ **1,062,717.23**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **1,062,717.23**

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham		
	First Name	Middle Name	Last Name
Debtor 2	Wendy L. Burnham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS - EASTERN DIVISION		
Case number (if known)	19-12715		

Check if this is an
amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease			State what the contract or lease is for
Name, Number, Street, City, State and ZIP Code			
2.1			
Name			
Number	Street		
City	State	ZIP Code	
2.2			
Name			
Number	Street		
City	State	ZIP Code	
2.3			
Name			
Number	Street		
City	State	ZIP Code	
2.4			
Name			
Number	Street		
City	State	ZIP Code	
2.5			
Name			
Number	Street		
City	State	ZIP Code	

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham		
	First Name	Middle Name	Last Name
Debtor 2	Wendy L. Burnham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS - EASTERN DIVISION		
Case number (if known)	<u>19-12715</u>		

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor
Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.1 **Charles Blair McCoy**
106 Violet Drive
Kennett Square, PA 19348

Schedule D, line 2.4
 Schedule E/F, line _____
 Schedule G _____
VW Credit Inc.

3.2 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line 4.75
 Schedule G _____
Mountain One Bank

3.3 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line 4.76
 Schedule G _____
Mountain One Bank

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.4 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.124**
 Schedule G _____
Yacobian Route 53 Realty Trust

3.5 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.3**
 Schedule G _____
Airgas

3.6 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.5**
 Schedule G _____
Ally Financial, Inc.

3.7 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.13**
 Schedule G _____
Beaulieu

3.8 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.14**
 Schedule G _____
Belknap White

3.9 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.29**
 Schedule G _____
Cape Cod Broadcasting

3.10 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.35**
 Schedule G _____
CDS

3.11 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.44**
 Schedule G _____
Columbia Gas of Massachusetts

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.12 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.46**
 Schedule G _____

Commonwealth of Massachusetts

3.13 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.53**
 Schedule G _____
Dalyn Rug Co.

3.14 **Roger W. Kent & Company, Inc.**
195 Columbia road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.82**
 Schedule G _____
Nourison Rug Corp.

3.15 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.87**
 Schedule G _____
Provenza Floors

3.16 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.89**
 Schedule G _____
Regan, Christopher

3.17 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.90**
 Schedule G _____
Ricoh

3.18 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.92**
 Schedule G _____
Safety Insurance

3.19 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.107**
 Schedule G _____
Stanley Carpets

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.20 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.112**
 Schedule G _____
Town of Hanover

3.21 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.123**
 Schedule G _____
WPLM-FM

3.22 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.1**
 Schedule G _____
1st Merchant Funding

3.23 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.60**
 Schedule G _____
Expansion Capital

3.24 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.74**
 Schedule G _____
Mountain Once Bank

3.25 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.72**
 Schedule G _____
Mohawk

3.26 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.96**
 Schedule G _____
Shaw Industries

3.27 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.67**
 Schedule G _____
J&P Hyannis Trustf

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.28 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339 Schedule D, line _____
 Schedule E/F, line **4.115**
 Schedule G _____
Unicorn Realty

3.29 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339 Schedule D, line _____
 Schedule E/F, line **4.6**
 Schedule G _____
Anchor Press

3.30 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339 Schedule D, line _____
 Schedule E/F, line **4.7**
 Schedule G _____
Ascensus

3.31 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339 Schedule D, line _____
 Schedule E/F, line **4.9**
 Schedule G _____
AT&T

3.32 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339 Schedule D, line _____
 Schedule E/F, line **4.12**
 Schedule G _____
Baroque Flooring

3.33 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339 Schedule D, line _____
 Schedule E/F, line **4.22**
 Schedule G _____
Braun's Express

3.34 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339 Schedule D, line _____
 Schedule E/F, line **4.45**
 Schedule G _____
Comcast

3.35 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339 Schedule D, line _____
 Schedule E/F, line **4.54**
 Schedule G _____
Dixie Group

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.36 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.55**
 Schedule G _____
Dreamweaver

3.37 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.56**
 Schedule G _____
Dynamic Rug

3.38 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.57**
 Schedule G _____
East Coast Telecom

3.39 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.59**
 Schedule G _____
Eversourcer

3.40 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.63**
 Schedule G _____
Flooring America

3.41 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.64**
 Schedule G _____
Gatehouse Media

3.42 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.65**
 Schedule G _____
Greenstreet Recycling

3.43 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.66**
 Schedule G _____
Gulf Oil

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.44 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.68**
 Schedule G _____
Kenneth Najarian

3.45 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.69**
 Schedule G _____
Louis De Poortere

3.46 **Roger W. Kent & Company, Inc.**
195 Columbia road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.71**
 Schedule G _____
Mass Department of Transportation

3.47 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.73**
 Schedule G _____
Momeni

3.48 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.77**
 Schedule G _____
MSB-KC

3.49 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.78**
 Schedule G _____
National Grid

3.50 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.79**
 Schedule G _____
Neighborhood Network

3.51 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.83**
 Schedule G _____
NRF Distributors

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.52 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.85**
 Schedule G _____
Peter Burnham

3.53 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.88**
 Schedule G _____
Radici USA

3.54 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.95**
 Schedule G _____
Sharkey, Joseph

3.55 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.97**
 Schedule G _____
Shell Fleet

3.56 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.106**
 Schedule G _____
Southwind

3.57 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.108**
 Schedule G _____
Stanton Carpets Corp

3.58 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.110**
 Schedule G _____
Telco Experts

3.59 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.113**
 Schedule G _____
Town of Rockland

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.60 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.114**
 Schedule G _____
Uline

3.61 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.116**
 Schedule G _____
US Floors

3.62 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.117**
 Schedule G _____
Verizon

3.63 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.118**
 Schedule G _____
Versatrim

3.64 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.119**
 Schedule G _____
W. B. Mason

3.65 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.121**
 Schedule G _____
William Sinclair Electric, Co., Inc.

3.66 **Roger W. Kent & company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.2**
 Schedule G _____
Ainsworth, Kevin

3.67 **Roger W. Kent & company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.2**
 Schedule G _____
Barr, Amy

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.68 **Roger W. Kent & company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.3**
 Schedule G _____
Basler, Brian

3.69 **Roger W. Kent & company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.4**
 Schedule G _____
Bell, Vickie

3.70 **Roger W. Kent & company, Inc.**
195 Colmbia Road

Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.5**
 Schedule G _____
Blake, Steven

3.71 **Roger W. Kent & company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.6**
 Schedule G _____
Bohan, Linda

3.72 **Roger W. Kent & company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.7**
 Schedule G _____
Bottomley, Dottie

3.73 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.23**
 Schedule G _____
Buonopane, Fran

3.74 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.24**
 Schedule G _____
Burnham, Joshua

3.75 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.25**
 Schedule G _____
Cadigan, Colleen

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.76 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.26**
 Schedule G _____
Cadigan, Colleen

3.77 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.27**
 Schedule G _____
Calabro, Jack & Diane

3.78 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.28**
 Schedule G _____
Calnan, John

3.79 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.31**
 Schedule G _____
Carr, Kristian

3.80 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.32**
 Schedule G _____
Case, Barbara

3.81 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.33**
 Schedule G _____
Casey, Anette

3.82 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.34**
 Schedule G _____
Casey, Annette

3.83 **Roger W. Kent & Company, Inc.**
195 Columbia Rooad
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.42**
 Schedule G _____
Clark, Christine

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.84 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.43**
 Schedule G _____
Coleman, Rosemary

3.85 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.47**
 Schedule G _____
Connelley, Christopher

3.86 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.48**
 Schedule G _____
Connors, William

3.87 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.49**
 Schedule G _____
Conover, Justin

3.88 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.50**
 Schedule G _____
Conover, Mark

3.89 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.51**
 Schedule G _____
Conrad, Meredith

3.90 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **4.52**
 Schedule G _____
Cryan, Deanna

3.91 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.10**
 Schedule G _____
D'Andrea, Steven

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.92 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.11**
 Schedule G _____
Daignault, Steve

3.93 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.12**
 Schedule G _____
Dandrow, Patricia

3.94 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.13**
 Schedule G _____
Delacy, Courtney

3.95 **Roger W. Kent & Company, Inc.**
195 Columbiar Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.15**
 Schedule G _____
Edelhauser, Norma

3.96 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.16**
 Schedule G _____
Farrow

3.97 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.18**
 Schedule G _____
Foley, Mike

3.98 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.19**
 Schedule G _____
Fordyce, Kirk

3.99 **Roger W. Kent & Company, Inc.**
195 Columbia Road
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.20**
 Schedule G _____
Gardner, Patty

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.10 **Roger W. Kent & Company, Inc.**
0 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.21**
 Schedule G _____
Gaughran, Joann

3.10 **Roger W. Kent & Company, Inc.**
1 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.22**
 Schedule G _____
Glennon, Brian

3.10 **Roger W. Kent & Company, Inc.**
2 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.23**
 Schedule G _____
Green, Barbara

3.10 **Roger W. Kent & Company, Inc.**
3 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.24**
 Schedule G _____
Harding, Michael

3.10 **Roger W. Kent & Company, Inc.**
4 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.25**
 Schedule G _____
Harrington, Laura

3.10 **Roger W. Kent & Company, Inc.**
5 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.26**
 Schedule G _____
Harrington, Lisa

3.10 **Roger W. Kent & Company, Inc.**
6 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.27**
 Schedule G _____
Healy, Bonnie

3.10 **Roger W. Kent & Company, Inc.**
7 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.30**
 Schedule G _____
Jackisch, Kirk

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.10 **Roger W. Kent & Company, Inc.**
8 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.44**
 Schedule G _____
Library, James

3.10 **Roger W. Kent & Company, Inc.**
9 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.31**
 Schedule G _____
Joyce, Barbara & Bob

3.11 **Roger W. Kent & Company, Inc.**
0 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.32**
 Schedule G _____
Keenan, Laurie

3.11 **Roger W. Kent & Company, Inc.**
1 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.33**
 Schedule G _____
Kelley, Patricia

3.11 **Roger W. Kent & Company, Inc.**
2 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.34**
 Schedule G _____
Kelly, Bruce & Joann

3.11 **Roger W. Kent & Company, Inc.**
3 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.35**
 Schedule G _____
Kmito, Gina

3.11 **Roger W. Kent & Company, Inc.**
4 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.36**
 Schedule G _____
Lachance, Nichole

3.11 **Roger W. Kent & Company, Inc.**
5 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.37**
 Schedule G _____
Lagsdin, Deloris

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.11 **Roger W. Kent & Company, Inc.**
6 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.38**
 Schedule G _____
Lagsdin, Deloris

3.11 **Roger W. Kent & Company, Inc.**
7 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.39**
 Schedule G _____
Leary, Kevin

3.11 **Roger W. Kent & Company, Inc.**
8 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.40**
 Schedule G _____
Lee, Stewart

3.11 **Roger W. Kent & Company, Inc.**
9 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.41**
 Schedule G _____
Leishman, Robert

3.12 **Roger W. Kent & Company, Inc.**
0 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.43**
 Schedule G _____
Lennon, William

3.12 **Roger W. Kent & Company, Inc.**
1 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.42**
 Schedule G _____
Lennon, Richard

3.12 **Roger W. Kent & Company, Inc.**
2 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.45**
 Schedule G _____
Lindstrom, Alice

3.12 **Roger W. Kent & Company, Inc.**
3 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.46**
 Schedule G _____
Locke, Penny

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.12 **Roger W. Kent & Company, Inc.**
4 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.47**
 Schedule G _____
Maggio, Karen

3.12 **Roger W. Kent & Company, Inc.**
5 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.48**
 Schedule G _____
Maggio, Karen

3.12 **Roger W. Kent & Company, Inc.**
6 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.49**
 Schedule G _____
Maiellano, Elizabeth

3.12 **Roger W. Kent & Company, Inc.**
7 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.50**
 Schedule G _____
Maiellano, Elizabeth

3.12 **Roger W. Kent & Company, Inc.**
8 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.51**
 Schedule G _____
Massachusetts Department of Revenue

3.12 **Roger W. Kent & Company, Inc.**
9 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.52**
 Schedule G _____
Massachusetts Department of Revenue

3.13 **Roger W. Kent & Company, Inc.**
0 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.53**
 Schedule G _____
McBain, Judy

3.13 **Roger W. Kent & Company, Inc.**
1 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.54**
 Schedule G _____
Meade, Lisa

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.13 **Roger W. Kent & Company, Inc.**
2 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.55**
 Schedule G _____
Meany, Patricia

3.13 **Roger W. Kent & Company, Inc.**
3 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.56**
 Schedule G _____
Mosesso, Patricia

3.13 **Roger W. Kent & Company, Inc.**
4 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.57**
 Schedule G _____
Nakata, Jennifer

3.13 **Roger W. Kent & Company, Inc.**
5 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.58**
 Schedule G _____
Norris, Sara

3.13 **Roger W. Kent & Company, Inc.**
6 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.59**
 Schedule G _____
O'Connell, Brian

3.13 **Roger W. Kent & Company, Inc.**
7 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.60**
 Schedule G _____
O'Donnell, Phyllis

3.13 **Roger W. Kent & Company, Inc.**
8 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.61**
 Schedule G _____
O'Leary, Patricia

3.13 **Roger W. Kent & Company, Inc.**
9 **195 Columbia Raod**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.62**
 Schedule G _____
Perry, Cathy

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.14 **Roger W. Kent & Company, Inc.**
0 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.64**
 Schedule G _____
Pla, Jamie

3.14 **Roger W. Kent & Company, Inc.**
1 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.65**
 Schedule G _____
Plausse, Lucy

3.14 **Roger W. Kent & Company, Inc.**
2 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.66**
 Schedule G _____
Plumer, Nancy

3.14 **Roger W. Kent & Company, Inc.**
3 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.67**
 Schedule G _____
Ricciardi, Rocko

3.14 **Roger W. Kent & Company, Inc.**
4 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.68**
 Schedule G _____
Richards, Lisa

3.14 **Roger W. Kent & Company, Inc.**
5 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.69**
 Schedule G _____
Ruznak, Beth

3.14 **Roger W. Kent & Company, Inc.**
6 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.70**
 Schedule G _____
Ryan, Fred

3.14 **Roger W. Kent & Company, Inc.**
7 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.71**
 Schedule G _____
Sanmarco, Mark

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.14 **Roger W. Kent & Company, Inc.**
8 **195 Columbia Raod**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.72**
 Schedule G _____
Seer, Teresa

3.14 **Roger W. Kent & Company, Inc.**
9 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.73**
 Schedule G _____
Seer, Teresa

3.15 **Roger W. Kent & Company, Inc.**
0 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.74**
 Schedule G _____
Sigrist, Richard

3.15 **Roger W. Kent & Company, Inc.**
1 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.75**
 Schedule G _____
Silva, Chuck

3.15 **Roger W. Kent & Company, Inc.**
2 **195 Columbia Road**
Carver, MA 02330-9000

Schedule D, line _____
 Schedule E/F, line **2.76**
 Schedule G _____
Stanton, Hillie

3.15 **Roger W. Kent & Company, Inc.**
3 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.77**
 Schedule G _____
Striebel, Michelle

3.15 **Roger W. Kent & Company, Inc.**
4 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.78**
 Schedule G _____
Strong, Patricia

3.15 **Roger W. Kent & Company, Inc.**
5 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.79**
 Schedule G _____
Sweeney, Jay

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

*Column 2: The creditor to whom you owe the debt
Check all schedules that apply:*

3.15 **Roger W. Kent & Company, Inc.**
6 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.80**
 Schedule G _____
T & D Reality

3.15 **Roger W. Kent & Company, Inc.**
7 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.81**
 Schedule G _____
Tibert, James

3.15 **Roger W. Kent & Company, Inc.**
8 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.82**
 Schedule G _____
Wallace, Lynn

3.15 **Roger W. Kent & Company, Inc.**
9 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.83**
 Schedule G _____
Walsh, Mila

3.16 **Roger W. Kent & Company, Inc.**
0 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.84**
 Schedule G _____
White, Melissa

3.16 **Roger W. Kent & Company, Inc.**
1 **195 Colubia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.85**
 Schedule G _____
Wienberg, Joe & Erica

3.16 **Roger W. Kent & Company, Inc.**
2 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.86**
 Schedule G _____
Wilson, Robert

3.16 **Roger W. Kent & Company, Inc.**
3 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.87**
 Schedule G _____
Wood, Lois

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.16 **Roger W. Kent & Company, Inc.**
4 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.88**
 Schedule G _____
Zemotel, Joe & Meg

3.16 **Roger W. Kent & Company, Inc.**
5 **195 Columbia Road**
Hanover, MA 02339

Schedule D, line _____
 Schedule E/F, line **2.89**
 Schedule G _____
Zoltowski, Emily

3.16 **Roger W. Kent & Company, LLC**
6

Schedule D, line _____
 Schedule E/F, line **4.81**
 Schedule G _____
Nissan Motor Acceptance

3.16 **Thomaas R. Rypkema**
7 **160 String Street**
Pembroke, MA 02359
Guarantor

Schedule D, line _____
 Schedule E/F, line **4.96**
 Schedule G _____
Shaw Industries

3.16 **Thomas J. Rypkema**
8 **160 Spring Street**
Pembroke, MA 02359
Guarantor

Schedule D, line _____
 Schedule E/F, line **4.72**
 Schedule G _____
Mohawk

3.16 **Thomas P. Rypkema**
9 **160 Spring Street**
Pembroke, MA 02359
Guarantor

Schedule D, line _____
 Schedule E/F, line **4.75**
 Schedule G _____
Mountain One Bank

3.17 **Thomas R. Rypkema**
0 **160 String Street**
Pembroke, MA 02359
Guarantor

Schedule D, line _____
 Schedule E/F, line **4.76**
 Schedule G _____
Mountain One Bank

3.17 **Thomas R. Rypkema**
1 **160 Spring Street**
Pembroke, MA 02359

Schedule D, line _____
 Schedule E/F, line **4.124**
 Schedule G _____
Yacobian Route 53 Realty Trust

Debtor 1 **Scott H. Burnham**
Wendy L. Burnham

Case number (if known) **19-12715**

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt
Check all schedules that apply:

3.17 **Thomas R. Rypkema**
2 **160 String Street**
Pembroke, MA 02359
Guarantor

Schedule D, line _____
 Schedule E/F, line **4.74**
 Schedule G _____
Mountain Once Bank

3.17 **Thomas R. Rypkema**
3 **160 String Street**
Pembroke, MA 02359

Schedule D, line _____
 Schedule E/F, line **2.51**
 Schedule G _____
Massachusetts Department of Revenue

3.17 **Thomas R. Rypkema**
4 **160 Spring Street**
Pembroke, MA 02359

Schedule D, line _____
 Schedule E/F, line **2.52**
 Schedule G _____
Massachusetts Department of Revenue

3.17 **Thomas Rypkema**
5 **160 String Street**
Pembroke, MA 02359
Guarantor

Schedule D, line _____
 Schedule E/F, line **4.1**
 Schedule G _____
1st Merchant Funding

3.17 **Thomas Rypkema**
6 **160 Spring Street**
Pembroke, MA 02359
Guarantor

Schedule D, line _____
 Schedule E/F, line **4.60**
 Schedule G _____
Expansion Capital

3.17 **Thomas Rypkema**
7

Schedule D, line _____
 Schedule E/F, line **4.67**
 Schedule G _____
J&P Hyannis Trustf

3.17 **Thomas Rypkema**
8

Schedule D, line _____
 Schedule E/F, line **4.115**
 Schedule G _____
Unicorn Realty

Fill in this information to identify your case:

Debtor 1	<u>Scott H. Burnham</u>
Debtor 2 (Spouse, if filing)	<u>Wendy L. Burnham</u>
United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS - EASTERN DIVISION
Case number (If known)	<u>19-12715</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106l

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<u>Disabled</u>	<u>Para Professional</u>
Employer's name		<u>Scituate Public Schools</u>
Employer's address		<u>and St. George Pharmacy Pharmacy Tech 435 Furnace Street, 8 mo. Marshfield, MA 02050</u>

How long employed there?

4 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>0.00</u>	\$ <u>2,641.21</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>0.00</u>	\$ <u>2,641.21</u>

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

	For Debtor 1	For Debtor 2 or non-filing spouse	
Copy line 4 here	4. \$ 0.00	\$ 2,641.21	
5. List all payroll deductions:			
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ 252.10	
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00	
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00	
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00	
5e. Insurance	5e. \$ 0.00	\$ 0.00	
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00	
5g. Union dues	5g. \$ 0.00	\$ 0.00	
5h. Other deductions. Specify: _____	5h.+ \$ 0.00	+ \$ 0.00	
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 0.00	\$ 252.10	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ 2,389.11	
8. List all other income regularly received:			
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00	
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00	
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00	
8e. Social Security	8e. \$ 2,553.00	\$ 0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ 0.00	\$ 0.00	
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00	
8h. Other monthly income. Specify: <u>Odd Jobs</u>	8h.+ \$ 1,000.00	+ \$ 0.00	
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 3,553.00	\$ 0.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 3,553.00	+ \$ 2,389.11	= \$ 5,942.11
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ 0.00		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 5,942.11		
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		
Combined monthly income			

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham
Debtor 2	Wendy L. Burnham
(Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS - EASTERN DIVISION
Case number (If known)	19-12715

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Daughter	13	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Son	17	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **2,417.00**

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	0.00
4b. \$	0.00
4c. \$	100.00
4d. \$	0.00
5. \$	240.00

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known) **19-12715**

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 500.00
	6b. Water, sewer, garbage collection	6b. \$ 90.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 225.00
	6d. Other. Specify: _____	6d. \$ 0.00
7. Food and housekeeping supplies	7. \$ 1,000.00	
8. Childcare and children's education costs	8. \$ 30.00	
9. Clothing, laundry, and dry cleaning	9. \$ 100.00	
10. Personal care products and services	10. \$ 0.00	
11. Medical and dental expenses	11. \$ 200.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 0.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 100.00	
14. Charitable contributions and religious donations	14. \$ 0.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 190.00	
15b. Health insurance	15b. \$ 275.00	
15c. Vehicle insurance	15c. \$ 420.00	
15d. Other insurance. Specify: _____	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: IRS	16. \$ 100.00	
17. Installment or lease payments:	17a. \$ 301.98	
17b. Car payments for Vehicle 2	17b. \$ 0.00	
17c. Other. Specify: _____	17c. \$ 0.00	
17d. Other. Specify: _____	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify: _____	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify: _____	21. +\$ 0.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 6,288.98	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ 6,288.98	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. Calculate your monthly net income.		
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$ 5,942.11	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 6,288.98	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ -346.87	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham		
	First Name	Middle Name	Last Name
Debtor 2	Wendy L. Burnham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS - EASTERN DIVISION		
Case number (if known)	19-12715		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Scott H. Burnham

Scott H. Burnham
Signature of Debtor 1

Date September 6, 2019

X /s/ Wendy L. Burnham

Wendy L. Burnham
Signature of Debtor 2

Date September 6, 2019

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham		
	First Name	Middle Name	Last Name
Debtor 2	Wendy L. Burnham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS - EASTERN DIVISION		
Case number (if known)	<u>19-12715</u>		

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1
lived there

Debtor 2 Prior Address:

Dates Debtor 2
lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No
 Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:	Debtor 1 Sources of income Check all that apply.	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$1,250.00	\$9,319.07

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**Case number (if known) **19-12715**

	Debtor 1 Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Debtor 2 Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2018)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$65,565.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$40,320.00
For the calendar year before that: (January 1 to December 31, 2017)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$109,980.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$65,520.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No
 Yes. Fill in the details.

	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Social Security	\$4,834.00	unemployment	\$10,908.00
	unemployment	\$24,931.00		

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
------------------------------------	-------------------------	--------------------------	-----------------------------	---------------------------------

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
Bank of America PO Box 31785 Tampa, FL 33631	3 monthly mortgage payments \$2,415.19/monthly	\$7,245.57	\$298,973.97	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Citizens Bank Consumer Loan Servicing ROP 18P PO Box 42002 Providence, RI 02940	\$246.41 monthly	\$739.83	\$30,327.16	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Wells Fargo Auto PO Box 29710 Phoenix, AZ 85038	\$399.26 monthly	\$1,188.87	\$44,610.69	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit Card <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
				Include creditor's name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Citibank v. Scott H. Burnham 1959 SC 907	Small Claims	Plymouth District Court 52 Obery Street Plymouth, MA 02360	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known)

19-12715

Case title Case number	Nature of the case	Court or agency	Status of the case
FA COOPERATIVE, INC v. Scott H. Burnham 19SL-CC01387	Civil Clerk's Office 21st Judicial Circuit Court St. Louis County Court Building	21st Judicial Circuit Court 105 South Central Avenue Saint Louis, MO 63105	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
	Clayton, MO 63105		
Shaw Industries, Inc. v. Scott H. Burnham and Thomas J. Rykema 1958CV0152	Complaint	Hingham District Court 28 George Washington Blvd. Hingham, MA 02043	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?
Check all that apply and fill in the details below.

No. Go to line 11.
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
Ally c/o Alltran Financial, LP PO Box 4043 Concord, CA 94524	Leased 2016 Dodge Ram	10/18	\$0.00

Property was repossessed.
 Property was foreclosed.
 Property was garnished.
 Property was attached, seized or levied.

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No
 Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value
---	--------------------	--------------------------	-------

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**Case number (if known) **19-12715**

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.		

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Ann Brennan Law Offices P.O. Box 890096 East Weymouth, MA 02189-0096 ann@annbrennanlaw.com	Attorney Fees	10/17/18 400.00 7/17/19 3,000.00	\$3,400.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you 3rd person Jeweler	Diamond Ring \$2,000.00	\$2,000.00	May 2019

None

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known) **19-12715**

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you Third Person	quad 2000	\$2,000.00	May 2019

None

Third Person Quad \$200.00 \$200.00 May, 2019

None

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	---	-----------------------	-------

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (*if known*) **19-12715**

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Austin Burnham	Citizens	UTMA Account	\$1,000.00
Kimberly Burnham	Citizens	UTMA Account	\$700.00
Charlotte Burnham	Citizens	UTMA Account	\$360.00
Austin Burnham 88 Forest Street Marshfield, MA 02050	88 Forest Street Marshfield, MA 02050	2007 Chevy Silverado	\$0.00

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (*if known*) **19-12715**

An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
Central Rug Sales, Inc. 88 Forest Street Marshfield, MA 02050	Sales N/A	EIN: N/A From-To 2007-2017
Roger Kents Carpetland, Inc. 195 Columbia Road Hanover, MA 02339	Sale of Floor Coverings Ken Najarian	EIN: 04-2930942 From-To 2003-2018
Preferred Partners, LLC 160 SPRING ST. Pembroke, MA 02359	Owner of Roger Kents Carpetland, Inc. N/A	EIN: From-To 2003-2018

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
Mountain One Bank 279 Union Street Rockland, MA 02370	

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (*if known*) **19-12715**

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Scott H. Burnham
Scott H. Burnham
Signature of Debtor 1

/s/ Wendy L. Burnham
Wendy L. Burnham
Signature of Debtor 2

Date September 6, 2019

Date September 6, 2019

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Scott H. Burnham		
	First Name	Middle Name	Last Name
Debtor 2	Wendy L. Burnham		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF MASSACHUSETTS - EASTERN DIVISION		
Case number (if known)	19-12715		

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's **Bank of America**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Retain and Pay

Creditor's **Citizens Bank**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Retain and Pay

Creditor's **Freedom Financial**

name:

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:

Retain and Pay

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (if known) **19-12715**

securing debt:

Retain and Pay

Creditor's **VW Credit Inc.**

name:

Surrender the property. No

Retain the property and redeem it.

Retain the property and enter into a
Reaffirmation Agreement. Yes

Description of
property
securing debt:

Retain the property and [explain]:

Creditor's **Wells Fargo Auto**

name:

Surrender the property. No

Retain the property and redeem it.

Retain the property and enter into a
Reaffirmation Agreement. Yes

Description of **2015 Chevrolet Tahoe**
property
securing debt:

Retain the property and [explain]:

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Lessor's name:

No

Description of leased

Yes

Property:

Debtor 1 **Scott H. Burnham**
Debtor 2 **Wendy L. Burnham**

Case number (*if known*) **19-12715**

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

/s/ Scott H. Burnham

Scott H. Burnham

Signature of Debtor 1

/s/ Wendy L. Burnham

Wendy L. Burnham

Signature of Debtor 2

Date

September 6, 2019

Date

September 6, 2019

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy,
and

Your debts are primarily consumer debts.
Consumer debts are defined in 11 U.S.C.
§ 101(8) as "incurred by an individual
primarily for a personal, family, or
household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan
for family farmers or
fishermen

Chapter 13 - Voluntary repayment plan
for individuals with regular
income

**You should have an attorney review your
decision to file for bankruptcy and the choice of
chapter.**

Chapter 7: Liquidation

\$245	filin	g fee
\$75	admi	nistrati
+ <u> </u>	<u> </u>	<u> </u>
	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial
difficulty preventing them from paying their debts
and who are willing to allow their nonexempt
property to be used to pay their creditors. The
primary purpose of filing under chapter 7 is to have
your debts discharged. The bankruptcy discharge
relieves you after bankruptcy from having to pay
many of your pre-bankruptcy debts. Exceptions exist
for particular debts, and liens on property may still
be enforced after discharge. For example, a creditor
may have the right to foreclose a home mortgage or
repossess an automobile.

However, if the court finds that you have committed
certain kinds of improper conduct described in the
Bankruptcy Code, the court may deny your
discharge.

You should know that even if you file chapter 7 and
you receive a discharge, some debts are not
discharged under the law. Therefore, you may still
be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement
obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	<u>administrative fee</u>
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	<u>administrative fee</u>
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.